

Exhibit A

Customer Copy
Label 11-B May 2001



POST OFFICE TO ADDRESSEE



* E U 0 5 8 4 6 7 7 6 3 U S *

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code 06790	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second
Code In 162003	Postage \$13.65
Time In 4:51 PM	Return Receipt Fee
Weight 4 lbs.	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Insurance Fee
Acceptance Clerk Initials DM	Total Postage & Fees \$13.65

☐ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. If delivery is to be made without obtaining signature of addressee or agent (if delivery on employee's address), addressee's signature must be obtained in advance of delivery. (If delivery on employee's address, addressee's signature must be obtained in advance of delivery.)
☐ NO DELIVERY ☐ Weekend ☐ Holiday
Signature of Addressee or Agent (Customer Signature)

CUSTOMER USE ONLY	
METHOD OF PAYMENT Express Mail Corporate Acct. No.	
FROM: (PLEASE PRINT) Torrington Research Company 89 Commercial Boulevard Torrington CT 06790	PHONE (203) 467-0409

TO: (PLEASE PRINT) Commissioner of Patents & Trademarks P.O. Box 1450 Alexandria, Virginia		PHONE ()
ZIP + 4 22203-1450		



FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.COM